

Georgia Department of Community Affairs
REGIONAL ASSISTANCE PROGRAM (RAP) APPLICATION INSTRUCTIONS

1. Provide the name and mailing address of the lead applicant (local, joint, or state authority, city, county, state agency, or regional development center) through which funds may be provided to carry out the project.
- 2, 3 & 4. Provide the name, telephone, and fax number of the person we can contact for additional information about the project.
5. Identify all local governments supporting the project for which the applicant is requesting assistance and the specific dollar amount committed or contributed (if any) by each government. Applicants requesting more than \$250,000 in RAP funds are reminded of minimum match requirements (see program description). While other state and federal funds can be used to help meet match requirements, match amount should include some financial participation from local governments. Only local government commitments should be listed here ; any state or federal funds should be listed on the RAP budget form provided. All applicants are encouraged to demonstrate significant local government financial commitment.
- 6, 7, & 8. Indicate the amount of RAP funds requested, the amount of other funds committed to the project, and the total cost of the project, including any private sector investment. Please submit a detailed statement highlighting all anticipated revenue sources and all anticipated project expenditures. The RAP budget form must also be completed.
- 9a. Using additional sheets, provide a comprehensive description of the project. The applicant should provide a detailed description of the use of funds such as regional industrial parks and similar facilities, regional water and sewer treatment facilities, regional transportation and communication facilities, regional marketing and recruitment programs, and other projects important to regional economic development. Describe the nature of local commitments and financial support and total private capital investment, including information indicating whether the commitments are contingent upon RAP funding or already committed.
- 9b. Identify expected outcomes of the project including numbers and types of jobs to be retained and/or created; impact on the state, regional and community tax base; likelihood of success in leading to the retention of jobs within the multi-county or regional area or enhanced job creation; improved regional competitiveness, long-term economic viability, and other regional impacts identified by the applicant. Include information sufficient to establish a baseline measurement of the current conditions of the community with respect to the expected benefits and how the project will improve the relevant conditions. Indicate how the impacts will be measured.
- 9c. If the applicant is a joint development authority, include a copy of the authority's business plan. All applicants must describe the proposed project's relationship to local and regional economic development goals and objectives identified through local and regional comprehensive plans and Economic Development Region plans. If recent studies or evaluations of the multi-county or regional economy lend support to the feasibility or reasonableness of the project, please reference these materials and enclose a copy along with your application.
- 9d. The applicant must provide at least one of the following : a) evidence of project/facility ownership by a joint development authority or regional development center; b) a copy of the revenue sharing or other intergovernmental agreement demonstrating joint ownership, operation, or management of the project/facility by two or more counties; c) demonstration of proposed service delivery to a multi-county or regional area (applies to service and marketing proposals, etc.) Unsigned or draft revenue sharing or other intergovernmental agreements will be accepted but final, signed agreements are preferred and will be required prior to fund drawdown.
- 10, 11, & 12. Please read the "Applicant Certification" before signing. The certification should be signed and dated by someone who has been duly authorized by the applicant's governing body to sign on its behalf.
13. Submit an original and 4 copies of the application to the address shown on the application.

Note: DCA may request supplemental project description information, clarification of questions raised during the review of the application, and other detailed statements or documentation.

**Georgia Department of Community Affairs
Regional Assistance Program**

1. Name of Applicant: _____
Address: _____
City: _____ State: _____ Zip: _____
2. Contact Person: _____
3. Telephone: (____) _____ 4. Fax: (____) _____
5. Participating Governments and Amount of Contribution: (if any)
- | | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
6. Funding Requested: _____ 7. Other Funds: _____ 8. Total Project Costs: _____
9. a. Project Description
b. Project Impacts
c. Relationship of project to local and regional comprehensive plans and Economic Development Regions plan(s); include business plan if the applicant is a joint development authority.
d. Revenue sharing or other intergovernmental agreement for joint ownership or operation of project/facility, or demonstration of service to a multi-county area or region.
- Follow application instructions provided; refer also to program description review criteria and guidelines in the application package.***
10. Lead Applicant Certification: I, the undersigned authorized representative of the applicant, certify to the best of my knowledge that the information in this application is true and correct, and that this application has been duly authorized for submission by the governing body of the applicant. Please attach letter of support from each local government listed in Item 5. If the applicant is a joint development authority each member local government must submit a letter of support. Lead applicant hereby certifies that all proposed expenditures are in accordance with all applicable laws and regulations.
11. Authorized Signature: _____ 12. Date: ____/____/____

13. Submit one original and 4 copies to:
Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, Georgia 30329-2231
ATTN: Regional Assistance Program

14. DCA USE ONLY

Date Received: ____/____/____

Please see application instructions